



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Chiropractic Examiners
124 Halsey Street, 6th Floor, P.O. Box 45004
Newark, New Jersey 07101
(973) 504-6395

Application Checklist

Use this checklist to determine whether you have complied with all of the requirements. Once your application has been received, a file will be started and you will be notified if any documents are missing. ***Do not call the Board office to check if your file is complete. You will be notified in writing.***

- ☐ One (1) passport-size photograph.
- ☐ \$125.00 application fee made payable to the State Board of Chiropractic Examiners (nonrefundable).
- ☐ \$75.00 endorsement fee ***only*** if you have not completed Parts I, II, III and IV of the National Boards and are applying on the basis of endorsement of a state-based clinical examination (nonrefundable).
- ☐ \$30.00 (money order or certified check only) Academic Qualifying Certificate fee made payable to the Commissioner of Education.
- ☐ A completed and notarized application.
- ☐ Official Chiropractic School transcripts requested to be sent upon graduation ***directly*** to the Board office at:

State Board of Chiropractic Examiners
P.O. Box 45004
Newark, NJ 07101
- ☐ Official Undergraduate School transcripts requested to be sent from all schools attended ***directly*** to the Board office.
- ☐ National Board transcripts requested to be sent from the National Board ***directly*** to the Board office.
- ☐ A completed and notarized Certification and Authorization Form for a Criminal History Background Check (CHBC). Instructions for completion of a CHBC will be provided once your application has been received.
- ☐ A Resume/Curriculum Vitae.
- ☐ Verification of Licensure sent to the Board office from any/all states in which you hold a license.
- ☐ Completion of the online New Licensee Orientation and Jurisprudence Examination. Go to the Board's website at www.njconsumeraffairs.gov/medical/chiropractic.htm and click on the link to this program. There is a \$50 fee for this program (***credit cards only***). Instructions and an applicant number will be provided once your application has been received.
- ☐ A statement indicating that you will obtain coverage by chiropractic malpractice insurance once you have been issued a license to practice in New Jersey.

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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For office use only

Application number: _____

License number: _____

License issue date: _____

Application for a License to Practice as a Chiropractor

Date : _____

I am applying for a chiropractic license on the basis of:

☐ National Boards Parts I, II, III and IV

☐ Endorsement

A nonrefundable application filing fee of \$125.00 (or \$200 if applying by endorsement), in the form of a check or money order made out to the State of New Jersey, must be submitted with this application (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid).

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name ☐ Mr. _____
☐ Mrs. _____ (_____)
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so may result in denial of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a chiropractor” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a chiropractor, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a chiropractor, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board or Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Have you previously applied for a license as a chiropractor in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If "Yes," when and where? _____
12. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name.

Last name		First name		Middle initial
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
_____	_____	_____	_____	
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	

13. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been named as a defendant in any litigation related to the practice of chiropractic or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
19. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of chiropractic or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Chiropractic Education

Name and address of institution _____
Name of institution

Street address City State ZIP code

Date enrolled ____ / ____ / ____ ☐ Received degree on ____ / ____ / ____

Name and address of institution _____
Name of institution

Street address City State ZIP code

Date enrolled ____ / ____ / ____ ☐ Received degree on ____ / ____ / ____

Official transcripts from the chiropractic college(s) attended **must be sent directly** to the Board office upon filing of this application.

Undergraduate Education

Months and Years	College/University	City/State	Country
____ / ____ to ____ / ____	_____	_____	_____
____ / ____ to ____ / ____	_____	_____	_____
____ / ____ to ____ / ____	_____	_____	_____

I received the degree of _____ on the _____ day of _____, _____

Official transcripts from every college attended **must be sent directly** to the Board office upon filing of this application.

Academic Qualifying Certificate

An application is attached which will be submitted to the Department of Education in accordance with N.J.S.A. 45:9-41.7 along with the official transcripts as required above. A certified check or money order for \$30.00 **must be** included with this application and made out to the Commissioner of Education. (Personal checks **are not** acceptable.)

After review, an Academic Qualifying Certificate will be issued by the Department of Education. Candidates who do not meet the educational qualifications prerequisite must complete the Special Purposes Examinations in Chiropractic (SPEC) offered by the National Board of Chiropractic Examiners.

National Board Examinations

Please indicate parts taken: ☐ Part I ☐ Part II ☐ Part III ☐ Part IV

An official transcript from the National Board **must be sent directly** to the Board office upon the filing of this application. Go to www.nbce.org or call 970-356-9100 to request transcripts. Candidates who **have not** taken N.B.C.E. Part IV are applying on the basis of "endorsement" of a State Clinical Exam, and a \$75 endorsement fee applies.

Please submit a resume listing all of your activities including periods of unemployment beginning with graduation from chiropractic college through the present time.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Chiropractic Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Chiropractic Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:9-14.5 et seq., together with the Rules and Regulations of the State Board of Chiropractic Examiners, N.J.A.C. 13:44E, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this

_____ day of _____, 20_____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here

Applicant's number



(973) 504-6395

Board or Committee

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date



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Academic Qualifying Certificate

The statutes governing the practice of chiropractic, specifically N.J.S.A. 45:9-41.7, require that every candidate for licensure complete at least two years of study (at least 60 credits) in a school or college of arts and sciences accredited by the New Jersey Department of Education. No less than one and one half (1½) years must be completed prior to commencement of studies at an approved school of chiropractic. Successful completion of pre-chiropractic education must be evidenced by the issuance of an "Academic Qualifying Certificate" issued by the New Jersey Department of Education.

In addition to completing the application below, and to avoid any unnecessary delays, please arrange to have the college or university where the pre-chiropractic education was obtained forward an official transcript ***directly*** to the Board office. The transcripts, application and check will be forwarded by the Board office to the New Jersey Department of Education.

Include a certified check or money order in the amount of \$30.00 made payable to: New Jersey Commissioner of Education.

Applicant's name: _____
First name Middle name Last name

List any other names (such as a maiden name) under which transcripts may have been issued:

First name Middle name Last name

Address: _____
Street address City State ZIP code

List colleges or universities (request transcript from each):

1) _____

2) _____

3) _____



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Verification of State License

A separate form must be used for each state.
(This form may be reproduced.)

Name of applicant: _____
First name Middle name Last name

The above-named applicant is a licensee of the State of _____ and was issued
license number _____ on _____, 20____.
Month / Day

The applicant was licensed by:

- ☐ Examination (Complete examination history below.)
☐ Based on National Board Parts I, II, III and IV
☐ Endorsement/Reciprocity from the State of _____

The license status is:

- ☐ Current and in good status expiring on _____
Date
☐ Inactive / Expired on _____
Date
☐ Revoked or Suspended
☐ Other (please attach an explanation)

Examination History (if applicable)

Date of examination	Subject	Grade
_____	_____	_____
_____	_____	_____

The licensee ☐ does ☐ does not have a record of disciplinary history with this agency. Attach additional information if applicable.

Certification

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual named on this form.

Board seal

Name of Board

Name of person completing this form (please print)

Title

Signature